

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

538762-020487  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED JUN 7 1962

Primary Registration District

1003

Registrar's No.

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Bethesda HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY  
OR TOWN St. Louis CountyInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
7250 Maryland Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Mary

Middle

C.

Last

Harwerth

## 4. DATE OF DEATH

Month

May

Day

27

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/23/1910

## 9. AGE (last birthday)

51

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house work

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Illinois

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Harwerth

## 13b. MOTHER'S MAIDEN NAME

Catherine Habrock

## 14. NAME OF HUSBAND OR WIFE

Single

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Leonard Harwerth, 3836 Lawler

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Abdominal &amp; Thoracic Carcinomatous

## INTERVAL BETWEEN ONSET AND DEATH

2-3 mos

Condition: If any, which gave rise to above cause (a), starting the under-cause last.

DUE TO (b)

Carcinoma Rt Lung

DUE TO (c)

163X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

4/25/62

to 4/26/62

and last saw her alive on 4/26/62

## Death occurred at

9/15/62 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

607 N. Grand Ave., St. L. Mo.

## 22c. DATE SIGNED

5/29/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5/20/1962

## 24. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## 23e. (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

3840 Lindell Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAY 29 1962

## 26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

DR. J. E. JENSEN

UNIT. C108 Bldg.

10<sup>00</sup> - 12<sup>00</sup>

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis Williamson*

Licensed Embalmer No.

*3565*

P. O. Address

*3840 Lindale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.